DO NOT DETACH

PLEASE TYPE OR	PRINT	Entered previous May Show
		⊋ yes □ no
Ms.	TOLE	PALUBINSKAS
Permanent		(Last Name Last)
		DOWBROOK CLEVEL
Street		City
44118		1932-3798
	Area Code	
Temporary or Studio Address		
Stre	et	City
	Tel. (	)
Zip		
If you do not prese	ntly live in	one of the counties of the
Western Reserve, in	which cou	unty were you born?
Collaborator		
	(If Ar	
If May Show entries	are not ac	ccepted or not sold:
Artist will pick	up at Mus	
		tist at artist's expense
to this addres		
		<del></del>
Special Instructions		

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Verte Palutinskas

TARREST